FORM PTO-1083



355864.00600

11/10/03

Date

STATES PATENT AND TRADEMARK OFFICE

Art Unit:

Examiner:

1744

Kaj OLSEN

P.O. Box 1450

Name

Signature

November 10, 2003

Date of Deposit Heather B. Del Bosco

I hereby certify that this correspondence is being deposited with the United States Postal

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Alexandria VA 22313-1450, on

In re application of:							
Edward Shanbrom							
Serial No: 09/315,688							
Filed: May 20, 1999							

METHOD FOR QUALIFYING ANTIOXIDANT LEVELS

Commissioner for Patents P.O. Box 1450 Alexandria VA 22313-1450

Dear S

Transmitted herewith is an amendment in the above-identified application.

Small entity status has been claimed. See 37 CFR § 1.27.

A certified copy of ___ Patent Application No. ___ filed ___ from which priority is claimed under 35 U.S.C. § 119 is enclosed.

A Notice Of Change Of Attorney's Address and Associate Power Of Attorney is enclosed.

囨 No additional fee is required.

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMB PREVIOUSLY PAID		(Col. 3) PRESENT EXTRA*		LG/SM \$ ENTITY FEE		ADD'L FEE DUE	
TOTAL CLAIMS FEE	6	-	20	**	0	LG=\$18 SM=\$9	\$9	\$	0	
INDEPENDENT CLAIMS FEE	1	-	3	***	0	LG=\$84 SM=\$42	\$42	\$	0	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS LARGE ENTITY FEE = \$280 SMALL ENTITY FEE = \$140							\$	0		
370							TOTAL	\$	0	

If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

\sqcup	A check in the a	amount of \$	to cover	the	additional	claims for	ee is enclosed	. A copy	of this s	sheet is	3
	enclosed.										
	A 1 1 1 11										

A check in the amount of \$___ to cover the extension fee is enclosed. A copy of this sheet is enclosed. 冈 The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-2567, referencing docket number

355864.00600. A copy of this sheet is enclosed. Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims

Any patent application processing fees under 37. C.F.R. § 1.17

Respectfully submitted.

Date: November 10, 2003

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